C1-29-d

ARTHROCARE CORPORATION 595 N. Pastoria Avenue Sunnyvale, CA 94086

PATENT APPLICATION

ASSISTANT COMMISSIONER FOR PATENTS Machington, D. C. 20231

(408) 736-0224

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Customer No. 21394

Atty. Docket No. C-11

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to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents

Washington, D.C. 20231

Transmitted herewith for filing is the [] patent application,

[] design patent application, [X] continuation-in-part patent application of

Inventor(s): JAMES L. PACEK, HIRA V. THAPLIYAL, PHILIP E. EGGERS

FOR SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE

[X] This application claims priority from each of the following Application Nos./filing dates:

60/182,751 / February 16, 2000; 09/162,117 / September 28, 1998; 08/977,845 / November 25, 1997;

08/562,332 / November 22, 1995; 09/041,934 / March 13, 1998; 08/990,374 / December 15, 1997;

(Col. 2)

NO. EXTRA

08/485,219 / June 7, 1995; 08/059,681 / May 10, 1993 -11

71

FOR:

BASIC FEE

Enclosed are: sheet(s) of [] formal [X] informal drawing(s).

[X] An assignment of the invention to ArthroCare Corporation

[X], A [X] signed [] unsigned Declaration & Power of Attorney.

(Col. 1)

NO. FILED

A [] signed [] unsigned Declaration.

A Power of Attorney by Assignee.

[XI] Applicant claims the benefit of Small Entity Status.

Information Disclosure Statement under 37 CFR 1.97. [X] The filing fee has been calculated as shown below:

SMALL ENTITY SMALL ENTITY

OTHER THAN A

10

RATE	FEE	OR	RATE	F
	\$355	OR	10.7	\$7
X9=	\$459	OR	X18=	\$
x40=	\$120	OR	X80=	\$
+130=	\$	OR	+260=	\$
TOTAL	\$934	OR	TOTAL	\$

\$ 934.00

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows: [X] Filing fee

[X] Any additional fees associated with this paper or during the pendency of this application

[] The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

[] A check for \$ is enclosed.

extra copies of this sheet are enclosed.

Telephone: Facsimile: (408) 736-0224 (408) 736-0226 Respectfully submitted,

ARTHROCARE CORPORATION

John T. Raffle

Reg. No.: 38,585

^{* 51} TOTAL CLAIMS 71 -20 =INDEP CLAIMS [] MULTIPLE DEPENDENT CLAIM PRESENTED